

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 535543

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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28						
29						
30						
31						
32	1					
33		1				
34		1				
35	1					
36		1				
37	1					
38		1				
39	1					
40		1				
41	1					
42	1					
43	1					
44	1					
45	1					
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55	1					
56	1					
57	1					
58	1					
59		1				
60	1					
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62	1					
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96						
97						
98						
99						
100						
TOTAL IND.		2				
TOTAL DEP.	2	1				
TOTAL CLAIMS	31					